

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000053605

**Entity Name:** ECHENIQUE LARA M.D.S LLC

**Current Principal Place of Business:**

4320 NW 107TH AVE  
APT. 202  
DORAL, FL 33178

**Current Mailing Address:**

4320 NW 107TH AVE  
APT. 202  
DORAL, FL 33178 US

**FEI Number:** 82-0998441

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ECHENIQUE, MARIA A  
4320 NW 107TH AVE  
APT. 202  
DORAL, FL 33178 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ECHENIQUE, MARIA A  
Address 4320 NW 107TH AVE  
APT. 202  
City-State-Zip: DORAL FL 33178

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA ALEJANDRA ECHENIQUE

MGR

03/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date